

Notice of appeal against a decision of the
Department for Work and Pensions –
Recovery of NHS Charges in England and Wales

You should use this form to appeal against a decision made by the Compensation Recovery Unit of the Department for Work and Pensions (DWP) regarding recovery of NHS charges. For decisions regarding social security benefits, you should use form SSCS1. For decisions regarding child support or maintenance, you should use form SSCS2. For decisions regarding recovery of benefits from compensation payments, you should use form SSCS3.

About this form

This form helps you provide all the information the tribunal requires to register your appeal. It will also ensure that your appeal contains all the necessary details which the law requires.

How to fill in this form

- You must complete Sections 1, 2, 4, 5 and 7.
- If you want to attend a hearing, you must also complete Section 6.
- If you have a representative, you must also complete Section 3.

What to include with this form

You **must** include a copy of the **Certificate of NHS Charges** which shows the decision you are appealing against. You do not need to include evidence/information you have already sent to the Compensation Recovery Unit as they will send it to us as part of their response.

Section 1 ABOUT THE DECISION YOU ARE APPEALING AGAINST

This section is about your **Certificate of NHS Charges**. This is the document sent to you by the Compensation Recovery Unit explaining what NHS charges are recoverable from you.

Please tick this box to confirm that you have attached a copy of the **Certificate of NHS Charges** with your appeal form.

☐

Please write here the date on your NHS Certificate

/

Remember to include a copy of your certificate of NHS Charges with your appeal form. If you do not do so, we will be unable to register your appeal until this is provided.

Section 2 ABOUT THE APPELLANT

Name of firm or organisation

Address

Postcode

Your Compensation Recovery Unit reference number

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Your compensator/representative reference number

Phone number


Now go to Section 3 

Section 3 ABOUT YOUR REPRESENTATIVE (If you have one)

By representative we mean someone acting on the appellant's behalf in a professional capacity such as a solicitor.

Do you have a representative?

☐ Yes If Yes, please tell us about the person below

☐ No If No, please go to Section 4 

Name of organisation or of person representing

Phone number

Address

Your case reference number'

Postcode

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Now go to Section 4 

Section 4 ABOUT YOUR APPEAL

Grounds for appeal

You must provide grounds for your appeal. Failure to provide grounds will delay dealing with the appeal and it may be returned to you. Tell us in this section why you think the Certificate of NHS Charges is wrong.

Please tick any of the following boxes which apply to the grounds for your appeal:

- ☐ the amount(s) specified in the certificate is incorrect
- ☐ the amount(s) specified takes into account treatment which is not NHS treatment received by the injured person
- ☐ the amount(s) specified takes into account non-NHS ambulance services
- ☐ the payment on the basis of which the certificate was issued, is not a compensation payment


(if necessary, continue on a separate sheet)

Is your appeal in time?

According to the law, your appeal **must be received by the tribunal** no later than **three calendar months** after the latest of:

- the date on the certificate; □□/□□/□□□□
or
- the date on which the compensation payment was made; □□/□□/□□□□
or
- if the certificate has been reviewed, the date the certificate was confirmed or a fresh certificate was issued. □□/□□/□□□□

If your appeal is received **more than three calendar months** after this date, it is a late appeal and the tribunal will need to know why it is late.

Is your appeal late? ☐ Yes If Yes, you must give reasons below why your appeal is late
☐ No If No, please go to Section 5 

If your appeal is late, you must give an explanation why. The tribunal will consider your reasons and can extend the time limit for you. If you do not give reasons why your appeal is late your appeal form may be sent back to you. Please tell us below why your appeal is late. You do not need to use BLOCK CAPITALS.



The Compensation Recovery Unit has the right to object to a late appeal if they think there are grounds to do this. The tribunal will consider any objection they make and we will let you know the outcome.

Now go to Section 5 

Section 5 ABOUT YOUR CHOICE OF HEARING

Appeals are considered by an independent panel. We will make arrangements for your appeal to be heard by the panel and your representative will be expected to attend the hearing. If, however, you do not wish to be represented at a hearing you can ask for your appeal to be decided on the papers. Please tell us below how you would like us to deal with your appeal.

What type of hearing do you require?

- I want to attend a hearing of my appeal ☐ If you have ticked this box, please go to Section 6 
- I want my appeal decided on the papers ☐ If you have ticked this box, please go to Section 7 

If you change your mind about this, you must tell us as soon as possible as it may be too late to change this once the hearing has been arranged. For more information, please refer to the 'About Your Choice of Hearing' section in the guidance booklet SSCS1A.

We will also write to the other person(s) involved in the compensation recovery process to ask how they would like the appeal to be decided. If any **other** person in the appeal opts to attend a hearing, then a hearing will be arranged, but **you** only need attend if you want to.

Section 6 ORAL HEARINGS — YOUR NEEDS AND REQUIREMENTS

You need only complete this section if you told us in Section 5 that the appellant will be present or represented at a hearing. If you have asked for the appeal to be decided on the papers, please skip this section and go straight to Section 7.

HMCTS hold tribunal hearings in London and other large cities. Please write in the box below your preference for the location of a hearing. We will try to arrange a hearing at your preferred location.

Preferred location of hearing

Now go to Section 7 

Section 7 YOUR SIGNATURE

You must sign your appeal form for it to be valid. If you have named a representative in Section 3, your signature will also give HMCTS your authority to deal with them when they contact us on your behalf.

Signature

Date (DD/MM/YYYY)

/

Name

If you are a representative signing this form on behalf of the person who is appealing, you must send their signed authority for you to act on their behalf with this form.

WHAT TO DO NOW

You need to send your appeal form **and a copy of the Certificate of NHS Charges you are appealing against** to HM Courts & Tribunals Service at the following address

HMCTS SSCS Appeals Centre
PO Box 1203
BRADFORD
BD1 9WP

We will send you a letter to tell you we have received your appeal and explain what happens next.

CHECKLIST

You may find this checklist useful to help you make sure you have provided all the information we need.

- ☐ I have included a copy of the Certificate of NHS Charges (**Section 1**)
- ☐ I have given grounds for my appeal (**Section 4**)
- ☐ I have chosen the type of hearing I want (**Section 5**)
- ☐ I or my representative have signed my appeal form (**Section 7**)